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Kansas Health Policy Authority Oversight Hearing

Chronic Disease Management Update November 21, 2008

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Objectives

- Review on-going chronic care management initiatives at KHPA
  - CMS health promotion grant for disabled
  - Enhanced Care Management pilot in Wichita
  - State Employee Health Plan: Health Dialog
- Discuss medical home initiative
  - Chronic care management a key goal of medical home model for Kansas

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Health Promotion for Kansans with Disabilities

- **Improving Preventive Health for disabled Kansans enrolled in Medicaid**
  - Kansas awarded $900,000 in January, 2008
  - Part of $150 million approved by Congress for "Medicaid transformation grants" (MTG)
  - Kansas was one of 27 states to receive funding

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MTG Project Need

- Generally, people with disabilities:
  - Are less likely to receive preventive health care services;
  - Have high rates of chronic disease (often more than one);
  - Have high rates of medication-related problems;
  - Fare poorly when it comes to the management of their chronic conditions;
  - Face a variety of barriers including access to and coordination of quality health care.

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MTG Project Description

- A one year intervention
  - Case managers and independent living counselors access to an electronic on-line tool (Ingenix Impact Pro).
  - The tool also “flags” opportunities for improving quality of care by indicating “gaps” in care.
  - Case managers can have discussions with their beneficiaries about the importance and necessity of having screenings conducted and regularly monitoring their conditions.

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MTG Pilot Sites

- Four Community Developmental Disability Organizations (CDDOs) and three Independent Living Centers (ILCs) from primarily rural locations across Kansas
  - Nemaha County Training Center, Seneca
  - Developmental Services of NW Kansas, Hays
  - Disability Planning Organization of Kansas, Salina
  - Class LTD, Columbus
  - Three Rivers, Inc., Wamego
  - Prairie Independent Living Resource Center, Hutchison
  - Center for Independent Living of SW Kansas, Garden City
- Approximately 1,700 beneficiaries are served by about 90 case managers and independent living counselors across these agencies

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MTG Project Partners

- The University of Kansas Medical Center Schools of Medicine and Pharmacy (Principal Investigator is Theresa Shireman, PhD)
- Ingenix Public Sector Solutions, Inc.

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MTG Preliminary Findings

- Preliminary findings show significant opportunities to help these beneficiaries with preventive care:
  - Care opportunities are being missed for beneficiaries struggling with chronic diseases such as diabetes, depression, coronary artery disease, congestive heart failure and asthma.
  - Preventive opportunities are also being missed for cancer screenings, cardiac event prevention, osteoporosis screening and pain management.

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Next Steps

- $250,050 SGF requested for FY2010
- 1700 beneficiaries in pilot will continue to be served by case managers and consumers across the State will be added
- Services provided by pilot will be expanded to include all aged and disabled beneficiaries statewide
- Outreach information targeted to beneficiaries, primary care physicians, pharmacists, and other sources of care.
- Risk modeling effort would be continued
- Advisory group would be formed to provide guidance and input on development of project.

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Enhanced Care Management (ECM) Project

- Pilot project designed to provide care management services to HealthConnect beneficiaries living in Sedgwick County
  - In 2005, KHPA received input on care management strategies for chronically-ill Medicaid beneficiaries from the Sedgwick County medical community.
  - A contract was negotiated between KHPA and the Central Plains Regional Health Care Foundation to begin a pilot project.
  - Pilot project implemented March 1, 2006.

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ECM Project Goals

- To be effective, care provided to people with chronic conditions must be integrated, interdisciplinary, and use an individualized approach.
  - Chronic conditions (e.g., diabetes, hypertension, depression) are persistent and require ongoing treatment and management.
  - Currently, the care provided is often fragmented, uncoordinated, or incomplete.

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Project Description

- Uses a unique approach to connecting providers and beneficiaries through existing community resources.
- Offers enhanced administrative services to HealthConnect Kansas (HCK) members who have probable or predictable high future health care costs.
- Service delivery is community based and culturally appropriate.
- Based on an Enhanced Primary Case Management (E-PCCM) model which is:
  - Member centered
  - Provider driven
  - Based on a successful model in North Carolina

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The ECM Consumers

- Medicaid beneficiaries with chronic health conditions and probable future high risk expenditures of medical resources.
- Typically these are beneficiaries who receive Social Security Income (SSI) benefits.
- Excludes beneficiaries who are:
  - Dually eligible for both Medicaid and Medicare
  - Participating in a Home and Community Based Service (HCBS) waiver
  - Residing in a Long Term Care (LTC) facility
  - Participating in one of two capitated managed care organizations
- Eligible beneficiaries are invited to receive services; participation is strictly voluntary

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The ECM Care Management Team

- Includes a nurse, a social resource manager, and a physician
- Offers services including:
  - Assessing health and social needs
  - Reviewing utilization trends
  - Reconnecting members with their primary care case management (PCCM) provider
  - Ensuring members fill and take necessary prescriptions
  - Teaching members how to manage their own health conditions
  - Assisting members with accessing community resources (e.g., affordable housing, food, utility assistance, clothing, mental health and substance abuse services, credit counseling and other)

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The ECM Team Approach

- Staff establish relationships with members in their homes, using creative outreach techniques.
- Care managers assist members with focusing on their chronic conditions, social risk factors, and unhealthy lifestyle behaviors.
- Intervention involves a holistic approach, focusing on assisting members with accessing resources in the community in order to improve their health.

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ECM Project Demographics

- An internal analysis of the ECM project conducted by Central Plains Regional Health Care Foundation found:
  - Of the 1,707 potential members who were invited to participate, 331 (19.4%) enrolled.
  - Beneficiary status at 18 months showed 154 beneficiaries (58.6%) were active and that 143 had disenrolled
  - The mean and median number of state identified chronic conditions per beneficiary was 2.8 and 3.0 respectively.
  - Of 397 referrals that were made, the majority were made to social services (58.2%), followed by medical services (23.6%) and dental services (18.2%).
  - Care plans were initiated on all beneficiaries who enrolled and remained active.
- As of February 14, 2008 ECM had 194 actively enrolled beneficiaries

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ECM Early Evaluation

- Evaluation of ECM participants with at least six months of continuous enrollment prior to 12/31/06 compared ECM consumers to similar reference group in Wyandotte (WY) County:
  - Overall costs between baseline and follow-up were flat in ECM group, but increased in WY reference group;
  - Costs related to inpatient events reduced more in ECM group than in WY group;
  - Number of inpatient events in ECM population declined relative to WY group and differences were statistically significant;

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ECM Early Evaluation (cont.)

- Number of emergency department events in ECM declined relative to WY group, but differences were not statistically significant;
- Number of individuals with repeat visits to emergency department in pre-intervention period compared to post-intervention period in ECM declined substantially and declines were statistically significant.
- Evaluation efforts ongoing to look at health outcomes and cost savings.

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State Employee Health Plan

- HealthQuest contains many components and many avenues for participants to interact with the program:
  - Online Programs and Tools
    - Dialog Center
    - Personal Health Assessment
  - Onsite Health Screenings
  - Health Coaching Services
    - General Health Coaching and Symptom Support
    - Targeted Outreach
    - Lifestyle Coaching

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State Employee Health Plan

- Members can access online tools through the Dialog Center including:
  - Personal Health Assessment
  - Health Information – *Healthwise® Knowledgebase* and *Health Crossroads™*
  - Secure messaging to a Health Coach
  - Medication Tracker and Symptom Diary
- Online Health Programs through HealthMedia®
  - Breathe™ —*Take steps to quit smoking*
  - Balance™ — *Manage your weight and physical activity*
  - Nourish™ — *Make healthy eating decisions*
  - Relax™ — *Manage stress*
  - Care™ for Your Back — *Prevent and treat low back pain*

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State Employee Health Plan

- A member can log on to take the Personal Health Assessment to assess health risks
- They will receive:
  - A Health Risk Summary
  - Links to Health Information in the Dialog Center
  - Information on contacting a Health Coach and the HealthQuest program
  - $50 gift card

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State Employee Health Plan

- Health Screenings were offered at 51 sites in 37 cities
- Starting January 22, 2008
- These screenings offer:
  - Blood pressure
  - Height & weight
  - BMI calculation
  - Total Cholesterol (finger stick)
    - HDL
    - LDL
  - Ratio TC/HDL
  - Triglycerides
  - Glucose
- A health professional will review the results with each individual and refer to a health coach, as needed

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State Employee Health Plan

- Participants may be invited to participate in lifestyle coaching program
- Three Lifestyle Coaching programs will be offered:
  - iCanQuit – Smoking Cessation
  - iCanChange – Weight Management
  - iCanRelax – Stress Management
- Each program offers telephonic coaching, workbooks and fun items to motivate and support participants
- A Healthy Lifestyle Coach will:
  - Begin by reviewing participant's history, habits and goals.
  - Send participants useful information to reinforce learnings from the coaching sessions.
  - Be available by calling the toll-free support line

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State Employee Health Plan

- Two main ways for members to interact with a health coach:
  - Member calls in for health information or support of a condition
  - Identification by predictive model as having a chronic illness or preference sensitive condition
- Members may receive direct outreach via telephone, AutoDialog or mail
- There are various onsite promotional materials that can be used to make members aware of the HealthQuest coaching line

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State Employee Health Plan

- Whole person, whole family
- Primary Coach model
  - Over 70% of engagements are with an individual's personal coach
  - Other professionals available include Registered Dietitians, Respiratory Therapists, Pharmacists, Clinical Resource Specialists
- Focused on building self-reliance, not dependence
  - Motivational Interviewing techniques
  - Shared Decision-Making® certification
- Purposeful, but not scripted, interactions
- Powerful, yet easy to use, support tools
- Health Coach and individual empowerment

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Medical Home and Senate Bill 81

- House Substitute for Senate Bill 81 (SB81) was signed into law in June, 2008.
- Among these reform policies is the definition of a medical home.
- The bill also directs KHPA to:
  - Incorporate the use of the medical home delivery system within the Kansas:
    - Medicaid
    - HealthWave
    - MediKan, and
    - State Employees Health Benefit Plan; and
  - Work with the Department of Health and Environment (KDHE) and stakeholders to "develop systems and standards for the implementation and administration of a medical home in Kansas."

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Medical Home Work Plan

- Long term goal: Help transform the health care system in Kansas.
- Short term goal: Gain support from stakeholders and policymakers for payment reform to develop the medical home health care delivery model.
- Medical home model informed by chronic disease management model AND pediatric case management model.
- The development of the medical home model will be informed by a strong stakeholder process to achieve appropriate buy in and feedback from stakeholders.
- Phase I: July 2008 – July 2009; Phase II: July 2009 – July 2010.

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Medical Home Work Plan (cont.)

- Overall work plan strategies:
  - Determine process for defining medical home in statute (2008)
  - Develop stakeholder process to analyze medical home definition options, including NCQA standards (2008/2009)
  - Obtain feedback from Advisory Councils (2009)
  - The KHPA Board will consider and approve the medical home definition and payment incentives for whole person care coordination, health and wellness (2009)
  - Implement medical home incentive payments/contractual rate adjustments in SEHP and Medicaid/HealthWave (2010/2011)
  - Evaluate medical home payment incentives/contractual rate adjustments in SEHP and Medicaid/HealthWave (2012)

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Activities to Date

- Key stakeholders met on September 29, 2008 to:
  - Review national medical home criteria;
  - Select the criteria most relevant to Kansas; and
  - How payment should be structured.
- As a result of this discussion, three sub-groups were formed to explore:
  - Ideas for marketing the medical home in Kansas;
  - How the Joint Principles of the Patient-Centered Medical Home can be applied in the Kansas health care environment; and
  - Identification of design considerations for potential pilot projects in Kansas.
- Stakeholders met on November 19th to discuss sub-group's findings.

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Continuing Phase I Activities

- Outreach to foundations and others for consideration of support to the development of a medical home model;
- Development of a communication strategy for discussing a medical home model in Kansas; and
- Finalizing the “Medicaid Transformation Plan” for Kansas, including identifying current policies that promote a medical home for various Medicaid populations.

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Medical Home and Chronic Disease Management

- Medical home model likely to be piloted first, comparing needs and capacity in urban vs. rural communities.
- Medical home model will use lessons learned from CMS grant and ECM pilot.
- Medical home model should incorporate best practice chronic disease management.
- Medical home pilots still under development.